



## **INFECTION CONTROL ASSESSMENT AND RESPONSE (ICAR)**

### **What is an Infection Control Assessment and Response (ICAR) and its purpose?**

An Infection Control Assessment and Response (ICAR) is a free non-regulatory assessment provided on the behalf of the Delaware Division of Public Health (DPH) to partner and support healthcare facilities within the state. The health care associated infections (HAI) program staff of DPH work closely with health care facilities including acute care hospitals, long-term care hospitals, long-term care facilities, and other settings to assess their infection prevention and control practices by identifying strengths and opportunities for improvement. ICARs can be done onsite or remotely known as TeleICARs. ICARs can be proactive or an outbreak response measure. Both proactive- and response-based ICARs provide education, current infection prevention resources, and recommendation/guidance.

### **What happens during an ICAR?**

The process of an onsite and remote ICAR begins about two weeks before the actual assessment. A request for a facility's policies and procedures will be sent to the point of contact (usual infection preventionist (IP) or Director of Nursing (DON)) which includes request of the following:

- Infection control and prevention
- Hand hygiene
  - Hand hygiene training (if they have copies of the slides/etc.)
- Personal Protective Equipment (PPE)
  - Personal protective equipment training
- Environmental cleaning
  - Cleaning and disinfecting training
  - List of all products used (if they have)
- Antibiotic stewardship.

On the day of the onsite ICAR, two to four members of the HAI program will come to the facility and perform the assessment. It begins with a brief (30 minute) meeting to discuss the facility's demographics and critical infrastructure information, policies/procedures inquiry, coordinate direct observations, and answer any additional questions. The health care personnel in the meeting vary based on facility type. In hospitals, this meeting should include the head infection preventionist, charge nurse, environmental services manager, pharmacist manager, and any other staff the facility prefers to attend. In long term care facilities, this meeting should include the person acting as the infection preventionist, Director of Nursing, environmental services manager, and additional staff the facility prefers to include. After the initial meeting, the team will conduct direct observations using the assessment tool made by the Centers for Disease Control and Prevention (CDC).

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**24/7 Emergency Contact Number: 1-888-295-5156**

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# Frequently Asked Questions

This will include speaking with facility personnel on the floor and observing infection control practices. The HAI team will meet amongst themselves to discuss observations and conclude with a final meeting with the same personnel from before to discuss high-level findings from the direct observations. A written report of findings will be sent back to the facility within three to four weeks.

On the day of the TeleICAR, two to four members of the HAI program will conduct the same assessment, but via phone call or video conferencing. The same assessment tool will be used, but the questions will be asked over a remote conversation. There will be no direct observations. It is helpful for personnel to provide as much accurate information as possible during the meeting. The TeleICAR will consist of one meeting for the entire time.

### **How long does an ICAR take?**

The length of the onsite ICAR depends on the size of the facility. On average, hospitals can take up to about six hours and long-term care facilities can take about four hours. TeleICARs can take about two to three hours for all facilities.

### **Is this regulatory or a state inspection?**

The ICAR is a free and voluntary assessment that is non-regulatory. It is not a state inspection. The assessment is confidential and will not be shared unless an egregious violation is observed.

### **How does this benefit my facility?**

This will bring a fresh perspective to the existing program for planning activities for infection control risks. It also helps prepare for regulatory surveys.

### **How will the report be received and who can see it?**

The report includes a summary and images of findings sent via email as a PDF to the point of contact for the facility. The report is not public and will only be sent to and viewed by the facility.

### **How do I schedule an ICAR?**

Contact the HAI coordinator or HAI Epidemiologist directly by email:  
[reportdisease@delaware.gov](mailto:reportdisease@delaware.gov)

### **Resources**

[https://www.state.nj.us/health/cd/documents/topics/hai/ICAR\\_FAQ.pdf](https://www.state.nj.us/health/cd/documents/topics/hai/ICAR_FAQ.pdf)

[https://www.cdc.gov/hai/outbreaks/steps\\_for\\_eval\\_ic\\_breach.html](https://www.cdc.gov/hai/outbreaks/steps_for_eval_ic_breach.html)

<https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html>

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